Date: 25 October 2019

Subject: Sport England Memorandum of Understanding Refresh

Report of: Steven Pleasant, Portfolio Lead for GM Moving

PURPOSE OF REPORT

1. In 2016, Greater Manchester Combined Authority and Greater Manchester Health and Social Care Partnership and Sport England signed the Memorandum of Understanding to deliver a partnership framework to tackle inactivity and promote more movement to significantly improve health and wellbeing of residents at scale through system change.

2. There has been significant progress since 2016. Increased investment in walking and cycling and the investment into the Local Delivery Pilot as well as unified approaches to Public Service Reform and the continuing journey of health devolution that all support the GM Moving Plan (2017-2021) with an ambition to achieve 2 million moving by 2021 and 75% of the population ‘active’ by 2025. The collective whole system approach from neighbourhoods through to each local authority area is having an impact and together we are enabling more residents to become active, in fact we are tackling inactivity three times faster than the national average:

- More adults are moving in GM, up by 1.7% since 2015-16, which is triple the national average increase of 0.5%.
- 69.6% of the population is active which is progress towards our GM Moving target of 75% moving by 2025 (increase from 68.2% since 2015-16)
- The gap is closing between the least active and most active boroughs in GM.

3. However, there is still more to do. Refreshing the MOU allows leaders to reflect on the journey so far and recognise the current strategic and policy direction, acknowledge the investment and priorities and chart a path for the future and next phase of the relationship
and the work. By increasing active lives we enable our workforce and citizens to be happier, healthier and more productive.

RECOMMENDATIONS:

The GMCA is requested to support the following recommendations:

1. Note the progress and impact of GM Moving to date.

2. Agree to the refreshed MOU (appendix 1), the direction of travel and the shared priorities of focus.

3. Seek the GMCA’s commitment to support the ambitions of GM Moving and the whole system approach needed to have population scale impact.

4. Agree the refreshed MOU will continue to be steered by the GM Moving Executive, chaired by Steven Pleasant with senior representatives from GMCA, GM Health and Social Care Partnership, Transport for Greater Manchester, Sport England, GreaterSport, GM Active and representatives from the VCSE. Progress against the GM Moving Plan will be tracked with regular updates to the GM Health and Social Care Board.

CONTACT OFFICERS:

Steven Pleasant Sara Tomkins Hayley Lever
steven.pleasant@tameside.gov.uk sara@greatersport.co.uk hayley@gmmoving.co.uk

Equalities Implications – see paragraph 4.3, 5.2 and 6.
Risk Management – N/A
Legal Considerations – see MOU – appendix 1
Financial Consequences – None see section 12.
Financial Consequences – N/A

Number of attachments to the report: 0

BACKGROUND PAPERS: N/A

<table>
<thead>
<tr>
<th>TRACKING/PROCESS</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this report relate to a major strategic decision, as set out in the GMCA Constitution</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXEMPTION FROM CALL IN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?</td>
</tr>
</tbody>
</table>
Memorandum of Understanding

Between

The Greater Manchester Combined Authority

and

The Greater Manchester Health and Social Care Partnership

and

Sport England

1. PARTNERS TO THIS AGREEMENT

1.1 This Memorandum of Understanding (“MoU”) is between:
- The Greater Manchester Combined Authority (the “GMCA”);
- The Greater Manchester Health and Social Care Partnership (“GMHSCP”); and

Collectively, “the Partners”.

1.2 The Greater Manchester Health and Social Care Partnership, created in April 2016, comprises all the local authority and NHS organisations in Greater Manchester (GM), including GMCA, representatives from primary care, NHS England/Improvement, the voluntary, community and social enterprise sector, Healthwatch, Greater Manchester Police and the Fire and Rescue Service. Its vision is to deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8m people of GM. A first Memorandum of Agreement was signed on 29 July 2016.

2. PURPOSE OF THIS MOU

2.1 The intention of this MoU is to create an updated agreed framework that reflects how the Partners will work together over the next five years and agree the areas of focus for a whole system approach to tackling inactivity and promoting more movement to improve the health and wellbeing of residents.

2.2 The ambition is to achieve significant positive change to the health and wellbeing of residents at scale and through system change.

2.3 The strong synergies between the ambitions of Partners and, in particular, a shared commitment to improving the health of the 2.8m population of GM is key to the
collaboration. Tackling inactivity and focusing on those groups in the population who are least active, will provide the biggest gains and best value for public investment and shared resources.

2.4 This MOU provides an opportunity to:
- To explore Government’s and Sport England’s strategy, Towards an Active Nation 2016-21 for sport and physical activity alongside GM strategies, including the GM Moving 2017-2021 strategic ambition, and policies supporting a community led approach regarding health, economic growth and social wellbeing.
- Reflect on what’s worked in the relationship between the Partners since they joined forces in 2016 and build on this.
- Create space to listen, look at things differently, do things differently, allowing innovation and a test and learn culture which provides different propositions that promote inclusion. Work with people to enable healthy, resilient and empowered communities, including communities of identity and place.
- Agree appropriate shared measures for all joint areas of work, which will focus on decreasing the number of inactive people, increasing participation of underrepresented groups and increasing the number of people moving more regularly.
- Connect the contribution that ‘moving more’ can have to delivering the fastest and greatest improvement to the health and wellbeing of GM residents, to the delivery of the Sport England Strategy - ‘Towards an Active Nation’ and GM’s Health and Wellbeing strategies.
- Embed the contribution ‘moving’ can have into the structures and systems in GM.
- Radically upgrade population health improvement across GM and support the transformation of public services.
- Have a joined up conversation supporting the population of 2.8million people in GM to be more active (our shared purpose).
- To work together to ensure effective monitoring and evaluation and to capture insight so we can demonstrate impact across Government’s five outcomes for sport and physical activity – Physical Health, Mental Wellbeing, Individual Development, Social/Community Development, and Economic Development and work towards the GM Moving ambition of 2m active by 2021.

3. SCOPE OF THE MEMORANDUM OF UNDERSTANDING

3.1 This MoU sets out at a high level how the Partners will work together in a collaborative partnership (“the Partnership”).

3.2 The MoU is not intended to be legally binding except as specifically stated in relevant clauses.

4. BACKGROUND

4.1 Significant progress against the GM Moving Plan (2019-2021) has been made by the Partners since 2016, for example:
- More adults are moving in GM, up by 1.7% since 2015-16, which is triple the national average increase of 0.5%.
69.6% of the population is active which is progress towards our GM Moving target of 75% moving by 2025 (increase from 68.2% since 2015-16)

The gap is closing between the least active and most active boroughs in GM.

4.2 Nevertheless, the evidence base for continuing to take action on sport and physical activity is compelling.

Physical Inactivity – doing less than 30 minutes of moderate physical activity a week – is one of the top ten causes of early mortality in England. GM has a high level of inactive population – around 596,800 residents (26.8% of the population vs England average of 25.1%), with an estimated cost to health services in GM of £26.7m per year (2013/14 prices) related to diseases (Heart disease, Diabetes, CVD, Cancer) that could be prevented by exercise. Evidence shows that inactivity is a major contributory factor to low health outcomes and early mortality in GM, affecting productivity, attainment and cohesion of our communities.

4.3 Key challenges facing GM and Sport England include:

- GM is significantly worse than the England average for inactivity across almost all age brackets (equal to the national average amongst 16-30 year olds), with 27.9% of women and 25.5% of men doing less than 30 minutes of physical activity a week and six out of every ten young people are not reaching the 60 minutes of activity a day. Research in GM indicates that a significant proportion of the population want to be healthier and more active.
- The link between physical inactivity and obesity is well established. While everyone would benefit from being more active every day, this is especially true in GM, with 65% of adults and 28% of children classified as overweight or obese, which is significantly worse than the UK average.
- More than 1 in 16 adults in the UK have diabetes, 90% of whom have type 2 diabetes, which is associated with lifestyle. Being active can reduce the risk of developing this condition by as much as 40%. People with diabetes can reduce their need for medication and the risk of complications by being more active. Although GM fares slightly better than the national average – with just over 1 in 16 adults reported as having diabetes – this is still a significant public health issue.
- One in eight women in the UK will develop breast cancer at some point in their lives. Using 2014 population estimates from the ONS, this would put over 172,000 women in GM at risk. Being active every day can reduce that risk by up to 20% and also improve the lives of those living with cancer.
- Congestion in GM is a constraint on economic growth and a significant health risk, with road transport contributing 75% of emissions of nitrogen oxides, 81% of particulates and 32% of carbon dioxide emissions. With data showing that 40% of journey up to 2km in GM (more than 1.1m trips) are made by car, promotion of active travel would improve resident physical activity levels and reduce the negative health and environmental impacts of travel patterns.
- Inactivity levels are unequal, a deeper understanding is needed with a focus on closing the inequality gaps.
4.4 Patients who are inactive have 38% more days in hospital, 5.5% more GP visits and 12% more nurse visits.

4.5 Physical activity programmes at work can reduce absenteeism by up to 20% and on average physically active workers take 27% fewer sick days. Furthermore, research suggests that participating in 3 x 30 minutes of activity per week could translate to an average increase in earnings of 7.5% due to improved productivity, social capital/networks and motivation to perform.

4.6 The sporting economy contributes £39bn to the UK’s GDP with one million people employed in the sport and physical activity sectors. In 2016, the Sport Industry Research Centre at Sheffield Hallam University measured the social return on investment was £1.91 for every £1 invested.

In GM, independent forecasts from Oxford Economics estimate that the sporting economy employs 20,800 people, generating £331m of GVA, (From the GMFM model which measures the values of goods and services produced in an area).

5. ABOUT THE GREATER MANCHESTER COMBINED AUTHORITY AND THE GREATER MANCHESTER HEALTH & SOCIAL CARE PARTNERSHIP

5.1 The GMCA and GMHSCP intends to secure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of the conurbation. The GMCA and GMHSCP’s ambition, as set out in the GM Strategy, is to develop a new model of sustainable economic growth where all residents are able to contribute to and benefit from sustained prosperity and enjoy a good quality of life.

5.2 To achieve this scale of ambition the GMCA and GMHSCP needs to:

• Ensure all residents, regardless of gender, wealth, ethnicity or age are connected to the current and future economic growth in the conurbation, including quality work, improved housing, and strengthened education and skills attainment;
• Deliver effective integrated health and social care across GM, with a much stronger prioritisation of wellbeing, prevention and early intervention;
• Close the health and social inequalities gap faster, within GM and between GM and the rest of the UK;
• Take every opportunity across the life course to support residents to be in control of their lives and their care;
• Forge partnerships between public services, social care, universities, science and knowledge industries, voluntary sector and businesses for the benefit of the population.
• Commission for reform, through viewing people as assets, reducing demand for services and driving fiscal sustainability.
6. ABOUT SPORT ENGLAND

6.1 Sport England’s vision is that everyone in England, regardless of age, background or level of ability, feels able to engage in sport and physical activity. Some will be young, fit and talented, but most will not. We need a sport sector that welcomes everyone—meets their needs, treats them as individuals and values them as customers. (Towards An Active Nation 2016 – 2021).

6.2 To achieve this ambition Sport England will:
• Focus on sport and physical activity’s contribution to five broader outcomes: physical wellbeing, mental wellbeing, individual development, social and community development and economic development
• Ensure its approach to sport and physical activity is built around behaviour change and the principles of behavioural science, insight and customer focus. This is a new and radically different approach, and it is essential that these principles are applied before any interventions are developed.
• Place the highest priority on tackling inactivity and prioritise demographic groups who are currently under-represented in engagement with sport and physical activity.
• Help those who currently have a resilient sport or physical activity habit to stay that way, and to encourage the sector to work with them do this more efficiently and at lower public subsidy.
• Work with a wider range of partners based on the principle of ‘it’s what you can do that counts, not who you are’.

7. WAYS OF WORKING

7.1 Since 2016, the relationship of the Partners has evolved as a result of a shared ambition, understanding of collaborative advantage and working on an equal footing. The journey over the last few years has seen continued joint investment, innovative and new ways of working and a renewed set of aligned priorities that will enable us to redesign how ‘moving more’ is normalised in a place. This partnership brings a clear line of sight between national, regional, local and ‘hyper-local’ challenges and provides opportunities to work better with other organisations, the voluntary sector and residents who are at the heart of our thinking.

7.2 As a result, the roles and responsibilities have moved towards a shared intended way we will continue to work together. The Partners agree to the following ways of working:
• Joint strategic thinking, shared decision making and aligned ambitions and priorities;
• Commitment to genuine collaboration, co-production and being ‘in the work’ together;
• Being present, open, honest and transparent to enable high challenge and high support;
• Respect each other’s strengths and expertise as well as competing demands and find the common ground;
• Being agile, flexible and prepared to work in different ways when necessary due to the dynamic and emergent nature of the work;
• Accepting innovation and that GM is a test bed within a bespoke devolved context;
• Measuring what matters and sharing what works so evidence can translate into practice and demonstrate value;
• Connecting people and information to accelerate progress within a place.
7.3 On a day-to-day basis, the Partners will work as one team, welcome open communications, actively listen to each other’s different perspectives and look for ways to work better together and support the strengths we collectively bring. The Partners will bring people together from within systems and across departments and geographies. It is intended that deep relationships are forged, which will allow the Partners to be brave and support innovative solutions. The Partners recognize that the approach will feel challenging at times as new approaches are tested. The Partners will endeavour to ‘roll with it’, allowing the power of the partnership and the genuine collaborative spirit we have created to be nurtured, providing the strength needed to stay focused, resilient and to keep us moving forward.

7.4 Central to the work is a commitment to supporting behaviour change and a social movement through enabling people to take control of their current and future lifestyle choices including keeping active at all stages of life, and engaging with public, voluntary and private sector workforces to support an integrated and whole system approach to embed ‘moving’ into the fabric of daily life. The work will be guided by the public service reform principles:

- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services;
- An asset-based approach that recognises and builds on the strengths of individuals, families and our communities rather than focusing on the deficits;
- Behaviour change in our communities that builds independence and supports residents to be in control;
- A place-based approach that redefines services and places individuals, families, communities at the heart;
- A stronger prioritisation of wellbeing, prevention and early intervention;
- An evidence led understanding of risk and impact to ensure the right intervention at the right time;
- An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations.

8. PRIORITIES

8.1 The Partners, at this stage in their work together, aim to establish a social movement that encourages whole system thinking and population scale change to enable more people to ‘move’ therefore tackling physical inactivity in the GM population. If more people from every background and regularly take part in sport and physical activity we will see physical and mental health improvements. Immediate benefits include aerobic fitness, a boost to our mood resulting in reductions in depression and anxiety and improved sleep, to longer term health benefits e.g. the reversal of Diabetes Type 2, keeping our muscles and hearts strong, reducing inflammations and cancers, helping improve balance and other cognitive decline like dementia. Beyond individual benefits, there are also wider social and economic benefits. Some key areas of joint policy focus at this stage include:

- **Transport, built & natural environment** with commitments to active design principles and global street design best practice as part of ‘made to move’ cycling infrastructure investment, GM Transport Strategy 2040 and Sustainable Journeys Strategy, the spatial...
framework, alongside green and blue investments including parks and community spaces. Making the case for infrastructure investment across the North and in GM and continue to argue for similar day-to-day powers over the running of transport as in London, including more devolved powers over the rail network and the local and strategic road network.

- **Clean Air** with GM’s Clean Air Plan supporting national clean air strategies to reduce carbon and how active travel can contribute and improve the breathability of our region especially our young people.

- **Healthy Workplaces** with a commitment in GM’s Good Employment Charter to developing productive and healthy workplaces allows for active workplaces and workplace wellbeing to contribute to increasing productivity and supporting the Government’s Industrial Strategy. The workplace Daily Mile builds on the success in schools will help enable GM be the first Daily Mile City Region.

- **Health Services.** Moving more and physical activity embedded as the ‘Miracle drug’ in GM’s NHS and social services as part of implementing the GM Prospectus (Social prescribing, Making Every Contact Count, NHS Health Checks etc). Working in partnership with the health ecosystem with a focus on tackling inactive people and addressing health inequalities.

- **Liveable and sustainable communities.** Investment in our communities from youth justice and youth services (free bus travel) to education nudges (the Daily Mile ambition in 75% of all primary schools) to fair wages, working well and active ageing work. Building on the Local Pilot test and learn approach to encourage stronger local collaboration to create sustainable active communities and healthier places by listen to people and innovating within the system that create new habits that enable people to move more every day. How can we remove fears of benefit sanctions if you are seen to be active, support more physical activity in education, maintain our green spaces as well as whole system approaches to moving more?

9. **GOVERNANCE**

9.1 Sport England is a proactive member of the GM Moving Executive. The terms of reference for the GM Moving Executive have been agreed by the Partners.

9.2 The GM Moving Executive will be fully integrated into the GMCA/GMHSCP governance structures, reporting into the GM Reform Board and GM Health. Through this it will support the Health and Social Care Partnership Board and Joint Commissioning Board with relevant decisions that relate to population health improvement through physical activity and sport. The GM Moving Executive will support transformation funding decisions with evidence, strategic advice and innovation.

9.3 The Chief Executive of Sport England and the Heads of GMCA/GMHSCP will meet regularly (at least twice a year) to identify and agree areas for collaboration.

9.4 Regular senior level meetings will be held between the GM Chief Executive portfolio holder and the responsible Director of Sport England to assess the relationship and identify further areas of collaboration.

9.5 The MoU and the Partnership will be reviewed annually.
Each party confirms that no actual, potential or perceived conflict of interest exists in relation to their role within the Partnership. Each party will endeavour to ensure that no such conflict of interest arises and agrees to promptly notify the other party if it does. Where there is notification of an actual, potential or perceived conflict, the parties will discuss and agree the necessary actions to ensure a conflict of interest is avoided.

10. **COMMUNICATIONS**

10.1 Each party will give the other five working days’ notice of intended communications activity relating to the Partnership.

10.2 The Partners will agree a form of words to describe the Partnership and protocols for agreeing communication content, share brand guidelines, establish press office contacts, and liaise regularly about communications opportunities.

10.3 The Partners will not speak on each other’s behalf.

10.4 Both parties will continue to publish information independently that is not linked to the Partnership.

10.5 Where the Partners have both evaluated and agreed evidence or good practice to be disseminated to others it will bear both communication brands. This will not limit each from publicising evidence or best practice using solo brands.

10.6 Corporate identity guidelines will be adhered to.

11. **CONFIDENTIALITY AND DATA**

11.1 The Partners agree and acknowledge that the discussions related to the Partnership and the MoU may include confidential information and are subject to a separate Non-Disclosure Agreement (“NDA”). Neither party will disclose confidential information without the prior written consent of the other party in accordance with that NDA.

**Data sharing and Freedom of Information**

11.2 The Partners will adhere to protect personal data.

   (i) “Where any Personal Data are processed in connection with this MoU, the Partners acknowledge that they each act as a Data Controller.

   (ii) The Partners will comply with all relevant Data Protection Legislation.

   (iii) “Data Protection Legislation” means (i) Regulation 2016/679 of the European Parliament and of the Council on the protection of natural persons with regard to the Processing of Personal Data and on the free movement of such data (General Data Protection Regulation) (the “GDPR”); (ii) the EU e-Privacy Directive (Directive 2002/58/EC); and (iii) any and all applicable national data protection laws made under or pursuant to (i) or (ii); in each case as may be amended or superseded from time to time.”
11.3 The Partners acknowledge that each is subject to the requirements of the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations and shall assist and co-operate with each other to enable compliance with its information disclosure obligations.

11.4 Where one Party considers that any information it has provided to the other is exempt from disclosure under the FOIA, it must tell the other party and refer to the relevant exemption and give reasons why it is so exempt.

11.5 Notwithstanding clause 11.4, each party acknowledges that each other party, upon any request for disclosure, shall be responsible for determining in its absolute discretion whether any of the content of the MoU is exempt from disclosure in accordance with the provisions of the FOIA and/or the Environmental Information Regulations.

12. PAYMENT

12.1 No payments will be made by any Partner under this agreement. There are commitments of investment but these will be governed by separate agreements.

13. WIDER OPPORTUNITIES

13.1 This MoU does not limit the scope for potential joint work and each Partner will seek to explore any collaborations, locally, nationally or internationally, which might deliver game changing results.

14. REVIEW

14.1 The Partners will work continue to work collaboratively for a further period of five years (2019 – 2024) and this refreshed MOU updates the Partnership to support the shared objectives of the Partners. The Partnership will be reviewed annually to confirm continuation and regular updates of shared objectives.

15. GENERAL

15.1 The Partners agree that they will comply with the relevant rules, regulations, policies and procedures of the other organisations to the extent necessary for the purposes of the implementation and operation of this MoU.

15.2 This refreshed MoU will come into force on the date of signature below and will remain in force unless terminated. It will be subject to review on an annual basis in accordance with clause 9.5.

15.3 This MoU can be terminated by either party on giving at least three (3) months’ notice in writing to the other.

15.4 The terms of the MoU can be amended by mutual agreement in writing of the parties.
Signed:

The Greater Manchester Combined Authority and the NHS in Greater Manchester
By:

_______________________
Lord Peter Smith
Chair, Greater Manchester Health and Social Care Strategic Partnership Board

_______________________
Andy Burnham
Greater Manchester Mayor

_______________________
Eamonn Boylan, Chief Executive GMCA

_______________________
Dr Tom Tasker, Chair NHS Salford Clinical Commissioning Group and
Chair, Greater Manchester CCGs: Association Governing Group (AGG)

_______________________
Clr Brenda Warrington
Co-Chair, Greater Manchester Health and Care Joint Commissioning Board

_______________________
Sir Mike Deegan
Chair, Greater Manchester Provider Federation Board

_______________________
Dr Dharmesh Patel
Primary Care Advisory Group (GPs), Chair Greater Manchester LMC's

_______________________
Jon Rouse
Chief Officer, Greater Manchester Health and Social Care Partnership

_______________________
Liz Windsor-Walsh
Chief Executive of Action Together and representative of 10GM and GM VCSE Leadership Group

The English Sports Council
By:

_______________________
Tim Hollingsworth
Chief Executive, The English Sports Council